

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-024120

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 141 Primary Registration District No. 3025 Registrar's No. 95

FILED JUN 17 1963

1. PLACE OF DEATH a. COUNTY <i>Howell</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo.</i> b. COUNTY <i>Howell</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <i>West Plains</i>		c. CITY OR TOWN <i>West Plains</i>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>W.P. Memorial Hospital</i>		d. STREET ADDRESS (If outside, give location) <i>114 Catalpa St.</i>	
3. NAME OF DECEASED (Type or print) First <i>May</i> Middle <i>Elizabeth</i> Last <i>Sullivan</i>		4. DATE OF DEATH Month <i>June</i> Day <i>5</i> Year <i>1963</i>	
5. SEX <i>female</i>	6. COLOR OR RACE <i>white</i>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>5-1-1888</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>housewife</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>West Plains, Mo.</i>	
13a. FATHER'S NAME <i>William Henry Mains</i>		14. NAME OF HUSBAND OR WIFE <i>Alonzo Sullivan (dec.)</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		17. INFORMANT <i>Noel Sullivan, West Plains, Mo.</i>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Cerebral Thrombosis</i> DUE TO (b) <i>Cerebral Arteriosclerosis</i> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH <i>30 hrs.</i>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease, condition given in PART I (a) <i>Pulmonary Tuberculosis arrested</i>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <i>West Plains, Mo.</i>	
21. I attended the deceased from <i>1954</i> to <i>6-5-63</i> and last saw her alive on <i>6-4-63</i> Death occurred at <i>12:55 a.m.</i> on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <i>Jack H. Wiles</i> (Decedent or wife)	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>buried</i>		23b. DATE <i>6-9-1963</i>	
23c. NAME OF CEMETERY OR CREMATORY <i>Homeland Cemetery</i>		23d. LOCATION (City, town, or county) (State) <i>West Plains, Howell, Mo.</i>	
24. FUNERAL DIRECTOR <i>Robertsons, West Plains, Mo.</i>		25. DATE RECD. BY LOCAL REG. <i>6-11-63</i>	
26. REGISTRAR'S SIGNATURE <i>Beatrice Cook</i>			

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

VS 300  
Rev. 4/59

1 0465

2 0465

3

4 1

5 3

6

7 0

8 3

9 332 X

10

11

12 5-0

13 1-0

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed A. D. Robertson

Licensed Embalmer No. 3432

P. O. Address West Plains, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.